



2013-14 Annual Identification of Schools & Students Using WTBBL Services

School/School District Information:

Name of School/School District _____

Staff Contact _____

Address _____

Street (or P.O. Box)

_____, Washington _____

City

ZIP Code

Telephone (_____) _____ Extension _____

Email Address _____

- I need a reminder of my account login information for the WTBBL catalog request system.
- I would like assistance in using the WTBBL catalog request system.
- I would like more information about how to download books .
- I would like more information about braille or digital audio magazine subscriptions.

School/School District currently has (ex. 3 WTBBL Digital audio book players):

_____ WTBBL Digital audio book players:

_____ WTBBL Cassette audio book players- Note: Cassette books will be phased out by 2015

_____ WTBBL Headphones

Please send (how many):

_____ WTBBL Digital audio book players

_____ WTBBL Headphones

Please send only titles that I specifically request (through the online catalog at <http://www.wtbbl.org> or by phone/email) for these formats:

Print/Braille

Braille

Audio

Large Print

Please send a computer selected title each time a book is returned in these formats:

Print/Braille

Braille

Audio

Large Print

(Note: If you have more than one student, auto-ship will work only if all students are reading at a similar level.)

Student Information:

Please list all students that will be using books and equipment from the Washington Talking Book & Braille Library this school year.

(List additional students on additional pages if needed)

Federal regulations require each student to have an individual certification of eligibility on file. For students who do not have a WTBBL account, please request an individual application. You may call Mandy Gonnsen at (206) 615-1253 to verify if students have a WTBBL account.

1. **Name of student needing materials:** _____

Disability (Select):

Blindness Visual Impairment Physical Disability Reading Disability

Reading Grade Level (Check 1 or more):

PreK-2

2-4

4-7

6-9

K-3

3-6

5-8

9-12

Format needed (Check 1 or more):

Print/Braille Braille

Audio

Large Print

2. **Name of student needing materials:** _____

Disability (Select):

Blindness Visual Impairment Physical Disability Reading Disability

Reading Grade Level (Check 1 or more):

PreK-2

2-4

4-7

6-9

K-3

3-6

5-8

9-12

Format needed (Check 1 or more):

Print/Braille Braille

Audio

Large Print

3. **Name of student needing materials:** _____

Disability (Select):

Blindness Visual Impairment Physical Disability Reading Disability

Reading Grade Level (Check 1 or more):

PreK-2

2-4

4-7

6-9

K-3

3-6

5-8

9-12

Format needed (Check 1 or more):

Print/Braille Braille

Audio

Large Print